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Comments on Kern County, Oversight and Accountability Commission

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Summary: The following identifies issues for potential oversight by the Commission, specific questions regarding Kern County CSS plans to be addressed by Kern County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, Kern County and the Department of Mental Health.

Kern County Workplan descriptions were organized and informative. Prevalence data provided good background. In some instances the language on important issues such as cultural competency and collaboration were more “boilerplate” than specific to the program. But, in other instances, actions on such priorities were specifically spelled out. The CSS Committee notes that it is helpful in reviewing plans when the presentation and format follows the DMH sections and specific questions on each strategic program, and this was not always the case in the Kern County plan.

The Kern County plan is, however, clear in its objectives and has several innovative workplans that hold promise for transformation. For instance, the Recovery Systems Administration and the Office of Program Development and Implementation recognize the importance of communication and education to successfully transform the quality of services. The workplans included investments in planning for overall system changes; the CSS Committee believes the Commission will be interested in following the development of these plans because there is potential for promoting these approaches to other counties.

The Committee also notes that the program plans focus on filling gaps in present services, but it is not clear how programs fit in with the existing system, or if MHSA funds will improve access or enhance services for those underserved today. In children’s services, Kern County chose to develop “wrap-like” programs rather than address the need for expanding SB 163 Wraparound services. The CSS Committee calls to the attention of the Commission its concerns about the integrity of Wraparound services, and intent to monitor implementation of programs that assert a goal of reaching other target populations.

The Committee commends Kern County for its extensive efforts to recruit participation, including the contacts with consumers and family members not traditionally involved in the community. The nature of the survey conducted by the county seemed to be a very beneficial tool, and the emphasis on training and focus on evidence-based approaches are commendable.

Consumer/Family Involvement

The CSS Committee raised questions about the lack of specifics in the accounts of consumer/family involvement. For instance, what is the Work Group and Workforce composition? Kern County addressed these questions at the DMH/County Team Review meeting, and referred the Committee to a lengthy document on the county website providing greater detail (2005 Needs Assessment Results). The Committee recommends that the Commission follow up on this evaluation of consumer/family involvement and community priorities. It is not clear how community participation is reflected in final program plans.

Kern County initiated its outreach process in March 2005. County representatives believe they were successful in reaching consumers and family members not traditionally involved in mental health policies and priorities. The results/reports of a consumer survey conducted by the county indicates that they reached a diverse population that would otherwise not participate, and the information gathered is very specific and useful.

Comments: Implementation of proposed CSS workplans such as the Recovery Services Administration will help in further evaluating the success of efforts to increase participation of consumers and family members, including those who may be difficult to reach. Likewise, advances in access to culturally competent services will be measured in the implementation process. The CSS Committee is impressed with the commitment to change, demonstrated by the Kern County report that consumers and family members will participate in oversight of implementation of all of the MHSA programs.

Question: Will the Administrator of the Recovery Services Administration be either a family member or consumer? How will consumers and family members participate in implementation oversight?

Fully Served, Underserved/Inappropriately Served, Unserved

In reviewing plans, the CSS Committee is particularly interested in the County Mental Health analysis of its constituencies. To support progress toward MHSA goals, the Commission will continue to pursue an understanding of the character and magnitude of need in each county. At least one key indicator in the CSS requirements related to analyzing mental health needs is not properly interpreted in this plan. The data on “fully served, underserved or inappropriately served, and unserved” in the Kern County plan is not accurate, based upon DMH definitions, and based upon first-hand knowledge of the CSS Committee. For instance, Kern County’s interpretation of “fully-served” service categories appears to fall short of the comprehensive, recovery-based model anticipated by the MHSA, described in current Welfare and Institution codes, and outlined by related DMH documents.

Comments: A Kern County representative at the DMH/County Team Review meeting stated that those consumers with MediCal coverage were generally well served, and considered “fully served.” The CSS Committee questions the assertion that the estimated number of consumers is “receiving mental health services through an individual service plan where both the client and their service provider/coordinator agree that they are getting the services they want and need in order to achieve their wellness/recovery goals.” (Page 16, DMH CSS requirements, August 1, 2005). The Committee assumes

that, in estimating the number of underserved individuals, the county has determined what services may be lacking, and what the county considers the shortcomings in serving these individuals. Information addressing these issues would be very helpful to the Commission.

Question: The CSS Committee requests that Kern County provide a description of the quality of services available to the “fully served” population for each age group, including information on the number who are in SB 163 wraparound services, AB 2034 programs, and any other categorical funded programs. For those not in such programs, and considered fully served, please characterize the nature of services, including information such as caseloads and frequency of contact with personal service coordinators/case managers and psychiatrists, and utilization of individual therapy or facilitated group counseling, family counseling, substance abuse counseling, or supportive services for education, employment, housing, primary health care, etc. Please describe the per-client budget, staffing ratios, and the content of services provided by the existing SB 163 Wraparound program.

In addition, please characterize the lack of services or gaps that the county perceives in estimating the numbers of consumers who are underserved or inappropriately served. The CSS Committee also notes that the updated “Chart A” provided at the DMH/County Team Review meeting combines the “underserved and unserved” estimates, and the Committee asks for clarification on these statistics as well.

Wellness/Recovery/Resiliency. Collaboration. Education/Training.

The Needs Assessment Preliminary Findings included survey responses from providers, from adult, senior adult, and youth consumers, and from family members of youth, asked to identify “Most desired services,” among other questions. (Family members of children, adult and senior adult consumers appear to not have been included in this assessment; contacts with these family members may be reported elsewhere by the county; the Committee will pursue a response.) The CSS Committee views these assessment results as closely related to development of transformational models and quality of services.

Comment: The Commission will want to continue to review how the quality of services reflects the needs as expressed by the system’s constituents, related to wellness, recovery, and resiliency practices. Kern County states that it has important collaborative relationships established with public and private agencies such as the Dept. of Rehabilitation and the United Way. Further collaborative connections appear to be planned in all of the workplans, and the CSS Committee is particularly interested in efforts to leverage MHSA funding in this respect. The Commission will look for successful collaborations to be spelled out in the implementation process of workplans where links are not yet specified.

Education/Training components appear to be appropriately included. The CSS Committee anticipates that consumer/family involvement in the oversight of implementation will monitor the success of addressing cultural competency and workforce goals and transforming the nature and quality of services. The Commission will have a continuing interest in the progress of transforming quality and delivery of services.

Question: Does Kern County plan to collaborate with experienced community agencies in providing any of the program services, or contract with any private agencies providing mental health services?

Workplan Comments: Kern County workplans include those evidence-based programs with a record of success, as well as innovative programs aiming for success.

The Full Service Partnership programs for adults (Assertive Community Treatment and AB 2034 model) include essential components. Kern County states that budgets for these programs will be updated to accurately reflect all funding. Budget appears low, but county notes its intent to leverage other revenue sources. The Commission will want to review updates. The Committee also notes that Kern County discussed the “generic” use of “wraparound” in describing services, in that the county used the term and its own wraparound approach in other programs before SB 163, children’s wraparound, was established in Welfare and Institutions codes. The System Development Plan #10 “Adult Wraparound Team” appears to aim to reach an unserved population, includes an array of appropriate services, and has ambitious collaborative aims.

The CSS Committee notes a concern that the budget for this appears to be very low.

System Development Plan #13 Expansion of the Access to Care is a commendable complement to the existing system, and the Committee assumes from the budget figure that these services work in collaboration with other programs. The CSS Committee has a high interest in plans such as this one that is a realistic approach to collaboration, recognizing the need to staff and budget for coordination.

Question: Has Kern County considered contracting with community agencies for the Adult Full Service Partnership programs?

Comment: The Full Service Partnership for Transition Aged Youth is consistent with MHSA goals, includes necessary training, and is the county’s first comprehensive program to address the needs of this population. The CSS Committee recognizes the county’s important goals to collaborate with specific agencies and address deficiencies in cultural competency. The FSP for older adults (Mobile Geriatric Assessment, Services, and Supports) is likewise a first attempt to provide specific, needed services to a particular population. Kern County states that it does not have an Older Adult System of Care, and views this program as the foundation for it. The program is sound, and the county will seek expert technical assistance. The CSS Committee looks forward to reports on implementation of these new programs.

Comment: Full Service Partnership Workplan #4, Children and Youth MIST program, and the System Development Workplan #9, called Wraparound Intensive Team, are of concern to the CSS Committee. Kern County explains that these are not SB 163 Children’s Wraparound programs, but rather “wrap-like” programs that will serve a different target population. The Committee notes that Kern County acknowledges that there are unserved and underserved children in need of SB 163 Wraparound services. Further, the Committee is informed that the county has made a choice to develop these programs instead of addressing the unmet need for Wraparound. The System Development Program is referred to as a Wraparound expansion, although funding is extremely low. In addition, the budget for the FSP program seems to be low; the county

notes it will leverage other funds, but there is an unexplained reference to SB 163 revenue. The Commission will want to review funding and service levels.

Comment: Full Service Partnership that develops Mobile Services to Uninsured and Underserved appears to be a result of the county's extensive assessment of health and social service issues, and undoubtedly serves an important need. However, the CSS Committee questions the use of MHSA funds for services to individuals who do not meet criteria of target population. **NOTE:** This program specifically aims to serve a broader population and other urgent health and social needs, and the Committee recommends against MHSA funding for this program. Kern County representatives and DMH Review Team personnel discussed the need to develop policies accommodating the needs of rural areas such as the one targeted for services in this FSP program.

Question: Can Kern County modify this program so that children, youth, adults, and older adults eligible for MHSA services can be served, and funds appropriately allocated?

Comment: System Development Workplan #8, Housing Development Corporation, proposes to utilize MHSA funds for loans and grants to promote development of housing for people with serious mental illness. The Commission will review the implementation of this system development plan, and is interested in evaluating whether the investment does result in "supportive housing." Support services that expand access, and that foster and facilitate independent living are entirely appropriate and a commendable plan for counties to follow.

Question: Inasmuch as existing local agencies already have the expertise in housing development for MHSA populations, why is Kern County proposing to establish another Housing Development Corporation? Is this cost-efficient?

Comment: System Development Plans also include three innovative programs that the CSS Committee commends for creative approach to transformation. "Recovery Supports Administration, Office of Program Development and Implementation, and Comprehensive, Continuous, Integrated System of Care" is expected to make an important contribution to systematic, visionary change that can result in a truly effective mental health system in every respect. The Commission looks forward to county evaluations and reports on these efforts, and particularly appreciates the comprehensive approach outlined by CSS plans.

Question: How will Kern County ensure that the services and products of these programs contribute to system transformation, enhance cultural competency, and genuinely reflect the stated needs of populations that it serves?

Comment: Finally, the Kern County Mental Health Outreach and Education plan utilizes "outreach and engagement" funds in what appears to be an appropriate plan that enhances access to services. The CSS Committee encourages Kern County to seek evidence-based education programs to review and research. At the DMH/County Team Review meeting, the use of CSS funds for this type of program was questioned, inasmuch as this effort does not actually provide services, and the MHSA identifies separate funding for anti-stigma and education campaigns. **NOTE:** The CSS Committee believes that the scope of

allowable expenditures from CSS funds, related to public education campaigns, warrants discussion and clarification.

CONCLUSION: The overarching question for the Oversight and Accountability Commission is: “How will the CSS plan move the county system toward MHSA standards of appropriate, timely services accessible to everyone who needs them?” The Commission seeks an answer to this question in evaluating every plan.

Kern County includes workplans that have the potential of fully answering this question, indicated by county plans such as those for program development and creation of a vision for the future. The CSS Committee commends the county for taking this comprehensive approach.

At the same time, the Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in every county, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Many statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

The Commission seeks to determine the distance between the quality of services available today and that defined by the Department as “fully served,” i.e., client (caregiver) and provider agree that the consumer is receiving all of the services he or she wants and needs to achieve wellness/recovery. The Commission would like to know the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to timely, comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.

TO THE ATTENTION OF THE DEPARTMENT OF MENTAL HEALTH.

The Kern County Mental Health Director and chief representatives of the county made an excellent point in suggesting that the county presentation to the Department of Mental Health (DMH) Review Team begin with an overview of the county's existing system and resources. They stated that an introductory statement of this nature could have answered numerous questions that were raised later during the review discussion. The CSS Committee concurs in this suggestion. Most counties provide an overview of current services in carrying out community planning requirements and educating participants. Such background material would be very helpful to the CSS Committee and the Commission in evaluating and developing implementation plans. **NOTE:** The CSS Committee would appreciate Department assistance in obtaining copies of background information provided to the community and already prepared by counties.

The DMH requirements for CSS plans ask for information intended to establish important background for evaluating plans, e.g., identification of community issues due to lack of services, analyzing mental health needs, assessing capacity, etc. Further, the Department asks how some programs improve the existing system and further the aims of the MHSA. These responses are very helpful, and provide some context for understanding how the CSS plan fits into the overall system, and how MHSA funds are contributing to system transformation. The counties' considerable investment in developing three-year plans could be better appreciated, and the work of the CSS Committee and the Commission more fruitful, when plans explain how MHSA programs are linked to the system operating today. **NOTE:** The CSS Committee would like the Department to know that this information is of great value to the work of the Commission, and believes that county attention to these questions is important to everyone.

NOTE: The Kern County plan generates questions applicable to many counties, and that warrant discussion by the Department and the Commission:

- Local training and retraining programs/plans are being funded in CSS plans now, and yet there are no state standards promulgated. Will every county generate their own curriculum, training materials, and interpretations of wellness, recovery, and resiliency?
- Kern County proposes to establish a program using MHSA funds to serve individuals who do not meet the statutory definition of target populations. Do counties need further direction on this?
- Like numerous other counties, Kern proposes its own public education program to reduce stigma and disparities in providing services. Should there be some boundaries on these types of expenditures from CSS funds, in order to differentiate community outreach from the anticipated state anti-stigma/education campaign specifically funded by MHSA? Should there be some definition of purpose to guide local campaigns?